

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF WASHINGTON

Case number (If known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	ERIKA First name LORENZA Middle name GARCIA Last name Suffix (Sr., Jr, II, III)	 First name Middle name Last name Suffix (Sr., Jr, II, III)
2. All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and <i>doing business as</i> names. Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	 First name Middle name Last name Business name (if applicable) Business name (if applicable)	 First name Middle name Last name Business name (if applicable) Business name (if applicable)
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - <u>0</u> <u>5</u> <u>9</u> <u>4</u> OR 9xx - xx - _____	xxx - xx - _____ OR 9xx - xx - _____

Debtor 1

ERIKA**LORENZA****GARCIA**

First Name

Middle Name

Last Name

Case number (if known) _____

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):****4. Your Employer Identification Number (EIN), if any.**

EIN

EIN

EIN

EIN

5. Where you live**28815 45TH PL S**

Number Street

AUBURN, WA 98001-2810

City State ZIP Code

KING

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1

ERIKA**LORENZA****GARCIA**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under***Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

☐ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☒ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?☒ No.

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?☒ No.

☐ Yes. Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?☐ No. Go to line 12.☒ Yes. Has your landlord obtained an eviction judgment against you?☒ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

ERIKA**LORENZA****GARCIA**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1

ERIKA

LORENZA

GARCIA

Case number (if known)

First Name

Middle Name

Last Name

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No.

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number

Street

City

State

ZIP Code

Debtor 1

ERIKA

First Name

LORENZA

Middle Name

GARCIA

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

ERIKA**LORENZA****GARCIA**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☐ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☒ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☒ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X *Erika Garcia*

Erika Lorenza Garcia, Debtor 1

Executed on 04/02/2025

MM/ DD/ YYYY

Debtor 1

ERIKA

LORENZA

GARCIA

Case number (if known)

First Name

Middle Name

Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/S/ MARK CHARLES MCCLURE

Signature of Attorney for Debtor

Date

04/02/2025

MM / DD / YYYY

MARK CHARLES MCCLURE

Printed name

LAW OFFICE OF MARK MCCLURE, PS

Firm name

1103 W MEEKER ST 101

Number Street

KENT

City

WA

State

98032

ZIP Code

Contact phone

(253) 631-6484

Email address

MARK@MCCLURELAWGROUP.COM

24393

Bar number

WA

State

Fill in this information to identify your case and this filing:

Debtor 1	<u>Erika</u>	<u>Lorenza</u>	<u>Garcia</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western</u>		District of <u>Washington</u>
Case number			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

1.1 _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here

\$0.00**Part 2:** Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

Debtor **Garcia, Erika Lorenza**

Case number (if known) _____

- 3.1 Make: Toyota Who has an interest in the property? Check one.
- Model: Camry ☒ Debtor 1 only
- Year: 2003 ☐ Debtor 2 only
- Approximate mileage: 200000 ☐ Debtor 1 and Debtor 2 only
- Other information: ☐ At least one of the debtors and another
- ☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$3,500.00

Current value of the portion you own?
\$3,500.00

If you own or have more than one, describe here:

- 3.2 Make: Toyota Who has an interest in the property? Check one.
- Model: Rav4 ☒ Debtor 1 only
- Year: 2018 ☐ Debtor 2 only
- Approximate mileage: 109000 ☐ Debtor 1 and Debtor 2 only
- Other information: ☐ At least one of the debtors and another
- ☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$18,673.00

Current value of the portion you own?
\$18,673.00

Source of Value: JD Power
Retail as of 1/23/2025

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

- 4.1 Make: _____ Who has an interest in the property? Check one.
- Model: _____ ☐ Debtor 1 only
- Year: _____ ☐ Debtor 2 only
- Other information: ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$22,173.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor **Garcia, Erika Lorenza**

Case number (if known) _____

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.**Household furnishings and goods.****\$2,500.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.**Home electronics****\$1,000.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.**Clothing****\$500.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.**Jewelry****\$125.00**

Debtor **Garcia, Erika Lorenza**

Case number (if known) _____

13. Non-farm animals*Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.**5 dogs****\$0.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →**\$4,125.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes Cash:**\$15.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

17.1. Checking account:	Bank of America - H as of 4/1/2025 Account Number: 1627	\$2,243.31
17.2. Checking account:	Bank of America - W as of 4/1/2025 Account Number: 5843	\$4.37
17.3. Checking account:	Chime - W as of 4/1/2025 Account Number: 0298	\$350.00
17.4. Other financial account:	Paypal as of 4/1/2025	\$0.00
17.5. Other financial account:	VENMO - H as of 4/1/2025	\$0.00
17.6. Other financial account:	VENMO - W as of 4/1/2025	\$120.00

Debtor **Garcia, Erika Lorenza**

Case number (if known) _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes Institution or issuer name:

_____	_____
_____	_____
_____	_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

_____	_____
_____	_____
_____	_____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each

account separately. Type of account: Institution name:

401(k) or similar plan: **Fidelity****\$1,266.32**

Debtor **Garcia, Erika Lorenza**

Case number (if known) _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes

Institution name or individual:

Electric: _____

Gas: _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them. ...

Debtor **Garcia, Erika Lorenza**

Case number (if known) _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...**Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: _____

State: _____

Local: _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.

Debtor **Garcia, Erika Lorenza**

Case number (if known) _____

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No

☐ Yes. Name the insurance company of each policy and list its value. ... Company name: Beneficiary: Surrender or refund value:

_____	_____	_____
_____	_____	_____
_____	_____	_____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes. Describe each claim.

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information.

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here**\$3,999.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor **Garcia, Erika Lorenza**

Case number (if known) _____

38.	Accounts receivable or commissions you already earned													
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.		<div style="border: 1px solid black; height: 25px; width: 500px;"></div>												
39.	Office equipment, furnishings, and supplies <i>Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices</i>													
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.		<div style="border: 1px solid black; height: 25px; width: 500px;"></div>												
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade													
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.		<div style="border: 1px solid black; height: 25px; width: 500px;"></div>												
41.	Inventory													
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe.		<div style="border: 1px solid black; height: 25px; width: 500px;"></div>												
42.	Interests in partnerships or joint ventures													
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Describe														
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Name of entity:</td> <td style="width: 20%;">% of ownership:</td> <td style="width: 20%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Name of entity:	% of ownership:		_____	_____	_____	_____	_____	_____	_____	_____	_____	
Name of entity:	% of ownership:													
_____	_____	_____												
_____	_____	_____												
_____	_____	_____												
43.	Customer lists, mailing lists, or other compilations													
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? <div style="margin-left: 20px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes. Describe. </div>		<div style="border: 1px solid black; height: 25px; width: 450px;"></div>												

Debtor **Garcia, Erika Lorenza**

Case number (if known) _____

44. **Any business-related property you did not already list**

- ☒ No
☐ Yes. Give specific
information

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** →

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes

--

48. **Crops—either growing or harvested**

- ☒ No
☐ Yes. Give specific
information.

--

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No
☐ Yes

--

50. **Farm and fishing supplies, chemicals, and feed**

- ☒ No
☐ Yes

--

Debtor **Garcia, Erika Lorenza**

Case number (if known) _____

51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership☒ No☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2



\$0.00

56. Part 2: Total vehicles, line 5

\$22,173.00

57. Part 3: Total personal and household items, line 15

\$4,125.00

58. Part 4: Total financial assets, line 36

\$3,999.00

59. Part 5: Total business-related property, line 45

\$0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$0.00

61. Part 7: Total other property not listed, line 54

+

\$0.00

62. Total personal property. Add lines 56 through 61.

\$30,297.00

Copy personal property total



+

\$30,297.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$30,297.00

Fill in this information to identify your case:

Debtor 1	<u>Erika</u>	<u>Lorenza</u>	<u>Garcia</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western</u>		District of <u>Washington</u>
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>2003 Toyota Camry</u>	<u>\$3,500.00</u>	<input checked="" type="checkbox"/> <u>\$3,500.00</u>	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iv)</u>
Line from <i>Schedule A/B</i> : <u>3.1</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <u>2018 Toyota Rav4</u> <u>Retail as of 1/23/2025</u>	<u>\$18,673.00</u>	<input checked="" type="checkbox"/> <u>\$4,825.00</u>	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iv)</u>
Line from <i>Schedule A/B</i> : <u>3.2</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$214,000?

(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1

Erika**Lorenza****Garcia**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description:	Household furnishings and goods.	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00	Wash. Rev. Code. § 6.15.010(1)(d)(i)
Line from Schedule A/B:	6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Home electronics	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00	Wash. Rev. Code. § 6.15.010(1)(d)(i)
Line from Schedule A/B:	7		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Clothing	\$500.00	<input checked="" type="checkbox"/> \$500.00	Wash. Rev. Code. § 6.15.010(1)(a)
Line from Schedule A/B:	11		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Jewelry	\$125.00	<input checked="" type="checkbox"/> \$125.00	Wash. Rev. Code. § 6.15.010(1)(a)
Line from Schedule A/B:	12		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	5 dogs	\$0.00	<input checked="" type="checkbox"/> \$0.00	Wash. Rev. Code. § 6.15.010(1)(d)(i)
Line from Schedule A/B:	13		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Cash	\$15.00	<input checked="" type="checkbox"/> \$15.00	Wash. Rev. Code. § 6.15.010(1)(d)(ii)
Line from Schedule A/B:	16		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Chime - W as of 4/1/2025 Checking account Acct. No.: 0298	\$350.00	<input checked="" type="checkbox"/> \$350.00	Wash. Rev. Code. § 6.15.010(1)(d)(ii)
Line from Schedule A/B:	17		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	Bank of America - W as of 4/1/2025 Checking account Acct. No.: 5843	\$4.37	<input checked="" type="checkbox"/> \$4.37	Wash. Rev. Code. § 6.15.010(1)(d)(ii)
Line from Schedule A/B:	17		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Debtor 1

Erika**Lorenza****Garcia**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: Bank of America - H as of 4/1/2025 Checking account Acct. No.: 1627	\$2,243.31	<input checked="" type="checkbox"/> \$2,243.31 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii)
Line from <i>Schedule A/B</i> : 17			
Brief description: VENMO - H as of 4/1/2025 Other financial account	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii)
Line from <i>Schedule A/B</i> : 17			
Brief description: Paypal as of 4/1/2025 Other financial account	\$0.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii)
Line from <i>Schedule A/B</i> : 17			
Brief description: VENMO - W as of 4/1/2025 Other financial account	\$120.00	<input checked="" type="checkbox"/> \$120.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Wash. Rev. Code. § 6.15.010(1)(d)(ii)
Line from <i>Schedule A/B</i> : 17			
Brief description: Fidelity	\$1,266.32	<input checked="" type="checkbox"/> \$1,266.32 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(n)
Line from <i>Schedule A/B</i> : 21			

Fill in this information to identify your case:

Debtor 1

Erika Lorenza Garcia

First Name Middle Name Last Name

Debtor 2

(Spouse, if filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the:

Western

District of

Washington

Case number (if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1:

List All Secured Claims

2.

List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion

If any

2.1

Capital One Auto Finance

Creditor's Name

Attn: Bankruptcy

7933 Preston Rd

Number Street

Plano, TX 75024-2302

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

5/1/2021

Last 4 digits of account number

1 0 0 1

Describe the property that secures the claim:

2018 Toyota Rav4

Retail as of 1/23/2025

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

\$13,848.00

\$18,673.00

\$0.00

Add the dollar value of your entries in Column A on this page. Write that number here:

\$13,848.00

Fill in this information to identify your case:

Debtor 1	<u>Erika</u>	<u>Lorenza</u>	<u>Garcia</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western</u>		District of <u>Washington</u>
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

<div>4.1</div>	<div>Amazon.com Services Inc.</div> <div>Nonpriority Creditor's Name</div> <div><u>410 Terry Ave N</u></div> <div>Number Street</div> <div><u>Seattle, WA 98109</u></div> <div>City State ZIP Code</div> <div>Who incurred the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim is for a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number <u>5 8 4 3</u></div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify _____</div>	<div>Total claim</div> <div><u>unknown</u></div>
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Debtor 1

Erika**Lorenza****Garcia**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.2	American Profit Recovery	Last 4 digits of account number	<u>0</u> <u>2</u> <u>1</u> <u>3</u>	\$688.00
Nonpriority Creditor's Name		When was the debt incurred? <u>7/1/2024</u>		
Attn: Bankruptcy				
34505 W 12 Mile Road #333		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Farmington Hills, MI 48331		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.3	American Profit Recovery	Last 4 digits of account number	<u>6</u> <u>7</u> <u>1</u> <u>1</u>	\$645.55
Nonpriority Creditor's Name		When was the debt incurred? _____		
Attn: Bankruptcy				
34505 W 12 Mile Road Suite 333		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Farmington, MI 48331		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Erika Lorenza Garcia Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.4	ATI Physical Therapy Nonpriority Creditor's Name <u>33204 Collection Center Dr.</u> Number Street <u>Chicago, IL 60693-0001</u> City State ZIP Code	Last 4 digits of account number <u>5</u> <u>2</u> <u>0</u> <u>8</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$100.00	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.5	Ballard Orthodontics Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>1400 NW Market St. Ste #102</u> Number Street <u>Seattle, WA 98107</u> City State ZIP Code	Last 4 digits of account number <u>9</u> <u>9</u> <u>5</u> <u>8</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$1,174.23	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Erika Lorenza Garcia Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.6 Bank of America Last 4 digits of account number 0 8 6 0 \$14,367.00

Nonpriority Creditor's Name

Attn: BankruptcyWhen was the debt incurred? 1/25/2022Po Box 15220

As of the date you file, the claim is: Check all that apply.

Number Street

☐ ContingentWilmington, DE 19886-5220☐ Unliquidated

City State ZIP Code

☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only☐ Student loans☐ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☒ At least one of the debtors and another☒ Other. Specify CreditCard☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

4.7 Best Egg Last 4 digits of account number 7 7 8 5 \$1,616.00

Nonpriority Creditor's Name

PO Box 42912When was the debt incurred? 8/1/2023

Number Street

As of the date you file, the claim is: Check all that apply.

Philadelphia, PA 19101☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only☐ Student loans☐ Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debtor 1 and Debtor 2 only☐ Debts to pension or profit-sharing plans, and other similar debts☐ At least one of the debtors and another☒ Other. Specify Unsecured☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

Erika**Lorenza****Garcia**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.8	Boeing Ecu	Last 4 digits of account number <u>4 6 3 5</u>	\$15,915.00
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Nonpriority Creditor's Name

Po Box 97050

Number

Street

When was the debt incurred?

10/1/2023**Seattle, WA 98124**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Unsecured

Is the claim subject to offset?

- ☒ No
☐ Yes

4.9	Boeing Ecu	Last 4 digits of account number <u>3 5 1 2</u>	\$5,626.00
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Nonpriority Creditor's Name

Po Box 97050

Number

Street

When was the debt incurred?

8/1/2023**Seattle, WA 98124**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CreditCard

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Erika**Lorenza****Garcia**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10	Caine & Weiner	Last 4 digits of account number <u>6 2 9 0</u>	\$160.00
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Nonpriority Creditor's Name

Attn: Bankruptcy**5805 Sepulveda Blvd 4th Floor**

Number Street

Sherman Oaks, CA 91411

City State ZIP Code

When was the debt incurred?

7/1/2024

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify CollectionAttorney

Is the claim subject to offset?

☒ No☐ Yes

4.11	Caine & Weiner	Last 4 digits of account number <u>6 2 9 0</u>	\$159.66
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Nonpriority Creditor's Name

Attn: Bankruptcy**PO Box 55848**

Number Street

Sherman Oaks, CA 91413

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Erika Lorenza Garcia Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.12	Capital One	Last 4 digits of account number	<u>4</u> <u>5</u> <u>1</u> <u>2</u>	\$2,876.00
Nonpriority Creditor's Name		When was the debt incurred? <u>10/1/2020</u>		
Attn: Bankruptcy				
Po Box 30285		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Salt Lake Cty, UT 84130-0285		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.13	Capital One	Last 4 digits of account number	<u>2</u> <u>8</u> <u>9</u> <u>8</u>	\$2,075.00
Nonpriority Creditor's Name		When was the debt incurred? <u>7/1/2023</u>		
Attn: Bankruptcy				
Po Box 30285		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Salt Lake Cty, UT 84130-0285		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Erika Lorenza Garcia Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.14	Capital One	Last 4 digits of account number	<u>6</u> <u>3</u> <u>9</u> <u>8</u>	\$1,410.00
Nonpriority Creditor's Name		When was the debt incurred? <u>12/1/2018</u>		
Attn: Bankruptcy				
Po Box 30285		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Salt Lake Cty, UT 84130-0285		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.15	CenturyLink	Last 4 digits of account number	<u>9</u> <u>6</u> <u>7</u> <u>1</u>	unknown
Nonpriority Creditor's Name		When was the debt incurred? _____		
Attn: Bankruptcy				
PO Box 91155		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Seattle, WA 98111		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Erika Lorenza Garcia Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.16	Draper Woldseth PLLC Nonpriority Creditor's Name <u>4208 198th St SW, Suite 201</u> Number Street <u>Lynwood, WA 98036</u> City State ZIP Code	Last 4 digits of account number <u>1 K N T</u> When was the debt incurred? <u>2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>		\$8,646.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Collection for Lendmark Financial Services, Pending lawsuit/judgment				
4.17	Evergreen Professional Recoveries, Inc. Nonpriority Creditor's Name <u>12100 NE 195th St. Ste 125</u> Number Street <u>Auburn, WA 98001</u> City State ZIP Code	Last 4 digits of account number <u>9 7 5 2</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		\$13.61
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1

Erika**Lorenza****Garcia**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.18	Finwise Bank	Last 4 digits of account number	<u>9</u> <u>4</u> <u>3</u> <u>9</u>	unknown
Nonpriority Creditor's Name		When was the debt incurred? _____		
756 E Winchester St Ste 100				
Number Street				
Salt Lake Cty, UT 84107-7520		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.19	InDebted	Last 4 digits of account number	<u>3</u> <u>9</u> <u>2</u> <u>7</u>	\$1,439.13
Nonpriority Creditor's Name		When was the debt incurred? _____		
Attn: Bankruptcy				
PO Box 1201		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Farmington, MO 63640		Type of NONPRIORITY unsecured claim:		
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1

Erika**Lorenza****Garcia**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.20	Kikoff	Last 4 digits of account number 7 L R B	\$220.00
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Nonpriority Creditor's Name

Attn: Bankruptcy**75 Broadway Suite 226**

Number Street

San Francisco, CA 94111

City State ZIP Code

When was the debt incurred?

12/1/2024

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **ChargeAccount**

Is the claim subject to offset?

☒ No☐ Yes

4.21	Labcorp	Last 4 digits of account number 4 9 4 3	\$17.97
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Nonpriority Creditor's Name

Attn: Bankruptcy**PO Box 2240**

Number Street

Burlington, NC 27216

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 **Erika** **Lorenza** **Garcia** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.22	Lendmark	Last 4 digits of account number	<u>9</u> <u>8</u> <u>0</u> <u>1</u>	\$7,211.00
Nonpriority Creditor's Name		When was the debt incurred?		
1320 Central Park Bv		<u>3/1/2024</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
Fredericksburg, VA 22404		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.23	Linebarger Goggan Blair & Sampson LLP	Last 4 digits of account number	<u>8</u> <u>0</u> <u>3</u> <u>7</u>	\$215.82
Nonpriority Creditor's Name		When was the debt incurred?		
5801 Sound Drive NW Ste 50B				
Number Street		As of the date you file, the claim is: Check all that apply.		
Gig Harbor, WA 98335		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Erika Lorenza Garcia Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.24 MultiCare Last 4 digits of account number 2 6 9 4 \$177.83

Nonpriority Creditor's Name

Attn: BankruptcyPO Box 5299 MS 1313-5-CUS

Number Street

Tacoma, WA 98415

City State ZIP Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

4.25 Ortho Synthetics Last 4 digits of account number o u n t \$943.32

Nonpriority Creditor's Name

Attn: Bankruptcy3850 N. Causeway Blvd Ste 800

Number Street

Metairie, LA 70002

City State ZIP Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Erika Lorenza Garcia Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.26 Possible Finance Last 4 digits of account number O 9 C Z \$172.00

Nonpriority Creditor's Name

2231 First Avenue Ste B

Number Street

Seattle, WA 98121

City State ZIP Code

When was the debt incurred?

10/1/2024

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Unsecured

Is the claim subject to offset?

☒ No☐ Yes

4.27 Progressive Insurance Last 4 digits of account number 0 7 5 1 unknown

Nonpriority Creditor's Name

6300 Wilson Mills Rd

Number Street

Cleveland, OH 44143

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Erika Lorenza Garcia Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.28 Radia Inc. P.S. Last 4 digits of account number R A D A unknown

Nonpriority Creditor's Name

Attn: Bankruptcy19020 33rd Ave West Ste 210

Number Street

Lynnwood, WA 98036

City State ZIP Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

4.29 Sacajawea Veterinary Hospital Last 4 digits of account number _____ unknown

Nonpriority Creditor's Name

1616 SW Dash Point Rd

Number Street

Federal Way, WA 98023

City State ZIP Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

Erika**Lorenza****Garcia**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.30	Seattle Eye Care	Last 4 digits of account number <u>4</u> <u>1</u> <u>1</u> <u>5</u>	\$665.00
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Nonpriority Creditor's Name

1600 E Jefferson St Ste 202

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Seattle, WA 98122-5644**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

4.31	Swedish Hospital Billing	Last 4 digits of account number <u>3</u> <u>2</u> <u>9</u> <u>1</u>	\$1,350.28
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Nonpriority Creditor's Name

Attn: Bankruptcy**747 Broadway**

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Seattle, WA 98122**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Erika Lorenza Garcia Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.32	Synchrony Bank/Care Credit	Last 4 digits of account number	<u>2</u> <u>9</u> <u>7</u> <u>4</u>	\$2,296.00
Nonpriority Creditor's Name		When was the debt incurred? <u>12/1/2017</u>		
Attn: Bankruptcy				
Po Box 965060		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Orlando, FL 32896-5060		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.33	Synchrony Bank/Care Credit	Last 4 digits of account number	<u>0</u> <u>9</u> <u>9</u> <u>2</u>	\$1,686.00
Nonpriority Creditor's Name		When was the debt incurred? <u>8/1/2012</u>		
Attn: Bankruptcy				
Po Box 965060		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Orlando, FL 32896-5060		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1 Erika Lorenza Garcia Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.34 Synchrony Bank/JCPenney Last 4 digits of account number 6 8 3 3 \$1,772.00

Nonpriority Creditor's Name

FL 32896 Attn: Bankruptcy Orlando,

When was the debt incurred?

9/1/2021Po Box 965060

Number

Street

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ChargeAccount

Is the claim subject to offset?

☒ No☐ Yes

4.35 Transworld System Inc. Last 4 digits of account number 9 6 7 1 \$407.35

Nonpriority Creditor's Name

500 Virginia Drive Suite 514

When was the debt incurred?

Number

Street

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ DisputedFort Washington, PA 19034

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Erika Lorenza Garcia Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.36	TRS Recovery Services, Inc. Nonpriority Creditor's Name Attn: Bankruptcy 1600 Terrell Mill Rd Number Street Marietta, GA 30067 City State ZIP Code	Last 4 digits of account number <u>5 8 9 5</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$124.17
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.37	Upstart Finance Nonpriority Creditor's Name Attn: Bankruptcy PO Box 1503 Number Street San Carlos, CA 94070 City State ZIP Code	Last 4 digits of account number <u>9 4 3 9</u> When was the debt incurred? <u>9/1/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>	\$1,439.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Erika

Lorenza

Garcia

Case number (if known)

First Name

Middle Name

Last Name

Part 2:

Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.38

WSFS Bank

Nonpriority Creditor's Name

Attn: Bankruptcy

500 Delaware Ave

Number

Street

Wilmington, DE 19801

City

State

ZIP Code

Last 4 digits of account number

9439

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Erika

Lorenza

Garcia

Case number (if known)

First Name

Middle Name

Last Name

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6.

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$0.00
	6e.	Total. Add lines 6a through 6d.	6e.	\$0.00

				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$75,608.92
	6j.	Total. Add lines 6f through 6i.	6j.	\$75,608.92

Fill in this information to identify your case:

Debtor 1	<u>Erika</u>	<u>Lorenza</u>	<u>Garcia</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western</u>		District of <u>Washington</u>
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?
- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div><div>Name</div><div><div>Number</div><div>Street</div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>	
2.2	<div><div>Name</div><div><div>Number</div><div>Street</div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>	
2.3	<div><div>Name</div><div><div>Number</div><div>Street</div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>	
2.4	<div><div>Name</div><div><div>Number</div><div>Street</div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div>	

Fill in this information to identify your case:

Debtor 1	Erika	Lorenza	Garcia
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Western		District of Washington
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☒ Yes. In which community state or territory did you live? **Washington**. Fill in the name and current address of that person.

Jaime Cortes

Name of your spouse, former spouse, or legal equivalent

28815 45th PI S

Number Street

Auburn, WA 98001

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 **Rosa Soto Lara**

Name

28815 45th PI S

Number Street

Auburn, WA 98001-2810

City State ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line **4.6**

☐ Schedule G, line _____

3.2

Name

Number

Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Erika</u>	<u>Lorenza</u>	<u>Garcia</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western</u>	District of	<u>Washington</u>
Case number			
(if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

Occupation

Medical Assistant

Employer's name

Valley Medical

Employer's address

400 S 43rd St
 Number Street
Renton, WA 98055-5714

City State ZIP Code

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

DriverMcKinstry Co LLC
5005 3rd Ave S
 Number Street
Seattle, WA 98134

City State ZIP Code

How long employed there? Since 5/2023since 10/2024

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.

For Debtor 1

\$4,635.06

For Debtor 2 or non-filing spouse

\$5,535.70

3. Estimate and list monthly overtime pay.

3.

+\$0.00+\$0.00

4. Calculate gross income. Add line 2 + line 3.

4.

\$4,635.06\$5,535.70

Debtor 1

Erika**Lorenza****Garcia**

Case number (if known) _____

First Name

Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$4,635.06	\$5,535.70
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$551.37	\$851.20
5b. Mandatory contributions for retirement plans	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	\$342.01	\$0.00
5d. Required repayments of retirement fund loans	\$0.00	\$0.00
5e. Insurance	\$479.68	\$0.00
5f. Domestic support obligations	\$0.00	\$0.00
5g. Union dues	\$99.78	\$391.78
5h. Other deductions. Specify: <u>See additional page</u>	\$0.00	\$240.85
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$1,472.84	\$1,483.82
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$3,162.23	\$4,051.88
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$0.00	\$0.00
8b. Interest and dividends	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$0.00	\$0.00
8d. Unemployment compensation	\$0.00	\$0.00
8e. Social Security	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$0.00	\$0.00
8g. Pension or retirement income	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	\$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$3,162.23	\$4,051.88
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	\$0.00	\$0.00

Debtor 1

Erika

Lorenza

Garcia

Case number (if known)

First Name

Middle Name

Last Name

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12.

\$7,214.11

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain:

Debtor 1

Erika

Lorenza

Garcia

Case number (if known)

First Name

Middle Name

Last Name

		Amount
5h. Other Deductions For Debtor 2 or non-filing spouse		
Vacation		\$239.24
Stocker		\$1.60

Fill in this information to identify your case:

Debtor 1	<u>Erika</u>	<u>Lorenza</u>	<u>Garcia</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

10

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$2,100.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$0.00

4b. \$0.00

4c. \$0.00

4d. \$0.00

Debtor 1 **Erika** **Lorenza** **Garcia**
 First Name Middle Name Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$225.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$200.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$391.00</u>
6d.	Other. Specify: <u>Streaming Services</u>	6d. <u>\$46.00</u>
7.	Food and housekeeping supplies	7. <u>\$1,300.00</u>
8.	Childcare and children's education costs	8. <u>\$240.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$300.00</u>
10.	Personal care products and services	10. <u>\$75.00</u>
11.	Medical and dental expenses	11. <u>\$250.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$683.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$325.00</u>
14.	Charitable contributions and religious donations	14. <u>\$25.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$0.00</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$160.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1 <u>2018 Toyota Rav4</u>	17a. <u>\$512.00</u>
17b.	Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c.	Other. Specify: _____	17c. <u>\$0.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. <u>\$0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: <u>29 yo son college</u>	19. <u>\$125.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1

Erika

Lorenza

Garcia

Case number (if known)

First Name

Middle Name

Last Name

21. Other. Specify: Pet care

21. + \$200.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$7,157.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$7,157.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$7,214.11

23b. Copy your monthly expenses from line 22c above.

23b. - \$7,157.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$57.11

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Debtor 1

Erika

Lorenza

Garcia

Case number (if known)

First Name

Middle Name

Last Name

		Amount
6c. Telephone, cell phone, Internet, satellite, and cable services		
Cell Phone		\$326.00
Internet		\$65.00
12. Transportation: gas, maintenance, bus or train fare		
Fuel		\$433.00
Maintenance		\$250.00

Fill in this information to identify your case:

Debtor 1	<u>Erika</u>	<u>Lorenza</u>	<u>Garcia</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$0.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$30,297.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$30,297.00</u>

Your assets

Value of what you own

Part 2: Summarize Your Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$13,848.00</u>
---	--------------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>+</u> <u>\$75,608.92</u>

Your total liabilities

\$89,456.92

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$7,214.11</u>
---	-------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$7,157.00</u>
---	-------------------

Debtor 1

Erika

Lorenza

Garcia

Case number (if known)

First Name

Middle Name

Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ Your debts are primarily consumer debts. Consumer debts are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$9,896.19

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$0.00

Fill in this information to identify your case:

Debtor 1	<u>Erika</u>	<u>Lorenza</u>	<u>Garcia</u>
	First Name	Middle Name	Last Name
<hr/>			
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
<hr/>			
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
<hr/>			
Case number			
(if known)	<hr/>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X Erika Garcia

Erika Lorenza Garcia, Debtor 1

Date 04/02/2025

MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Erika</u>	<u>Lorenza</u>	<u>Garcia</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
- ☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1

Erika Lorenza Garcia

Case number (if known)

First NameMiddle NameLast Name

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income	Gross Income	Sources of income	Gross Income
	Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<div><input checked="" type="checkbox"/> Wages, commissions, bonuses, tips</div> <div><input type="checkbox"/> Operating a business</div>	<div>\$12,439.90</div>	<div><input checked="" type="checkbox"/> Wages, commissions, bonuses, tips</div> <div><input type="checkbox"/> Operating a business</div>	<div>\$16,434.50</div>
For last calendar year: (January 1 to December 31, <div>2024 YYYY</div>)	<div><input checked="" type="checkbox"/> Wages, commissions, bonuses, tips</div> <div><input type="checkbox"/> Operating a business</div>	<div>\$68,031.15</div>	<div><input checked="" type="checkbox"/> Wages, commissions, bonuses, tips</div> <div><input type="checkbox"/> Operating a business</div>	<div>\$10,561.84</div>
For the calendar year before that: (January 1 to December 31, <div>2023 YYYY</div>)	<div><input checked="" type="checkbox"/> Wages, commissions, bonuses, tips</div> <div><input type="checkbox"/> Operating a business</div>	<div>\$70,498.00</div>	<div><input checked="" type="checkbox"/> Wages, commissions, bonuses, tips</div> <div><input type="checkbox"/> Operating a business</div>	<div>\$17,414.00</div>

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income	Gross income from each source	Sources of income	Gross Income from each source
Describe below.	(before deductions and exclusions)	Describe below.	(before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:			
For last calendar year:			
(January 1 to December 31, 2024)			
YYYY			
For the calendar year before that:			
(January 1 to December 31, 2023)			
YYYY			

Debtor 1 **Erika** **Lorenza** **Garcia**
First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$8,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Capital One Auto Finance Creditor's Name	last 90 days	\$1,299.00	\$13,848.00	<input type="checkbox"/> Mortgage
Attn: Bankruptcy				<input checked="" type="checkbox"/> Car
7933 Preston Rd Number Street				<input type="checkbox"/> Credit card
Plano, TX 75024-2302 City State ZIP Code				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No

- ☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1

Erika

Lorenza

Garcia

Case number (if known)

First Name

Middle Name

Last Name

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name					
Number Street					
City State ZIP Code					

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
- ☒ Yes. Fill in the details.

		Nature of the case	Court or agency	Status of the case
Case title	Lendmark Financial Services, LLC vs. Erika Garcia	Collection	King County Superior Court Court Name 401 4th Ave N Number Street Kent, WA 98032-4429 City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number	24-2-15218-1 KNT			

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

Debtor 1	Erika	Lorenza	Garcia	Case number (if known) _____
	First Name	Middle Name	Last Name	

<div>Creditor's Name</div> <div>Number Street</div> <div></div> <div>City State ZIP Code</div>	<table border="1"><thead><tr><th>Describe the property</th><th>Date</th><th>Value of the property</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td colspan="3">Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.</td></tr></tbody></table>	Describe the property	Date	Value of the property				Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property								
Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.										

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	<table border="1"><thead><tr><th>Describe the action the creditor took</th><th>Date action was taken</th><th>Amount</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr></tbody></table>	Describe the action the creditor took	Date action was taken	Amount			
Describe the action the creditor took	Date action was taken	Amount					

Last 4 digits of account number: XXXX- _ _ _ _

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **Erika** **Lorenza** **Garcia**

First Name Middle Name Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ _____ Number Street _____ City State ZIP Code Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____ Number Street _____ City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Debtor 1 **Erika** **Lorenza** **Garcia**
 First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.**Law Office of Mark McClure, PS**

Person Who Was Paid

1103 W Meeker St 101

Number Street

Kent, WA 98032

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred**Date payment or transfer was made****Amount of payment****Attorney's Fee****4/1/2025****\$2,150.00****17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.**Description and value of any property transferred****Date payment or transfer was made****Amount of payment**

Person Who Was Paid

Number Street

City State ZIP Code

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No☐ Yes. Fill in the details.

Debtor 1	Erika	Lorenza	Garcia	Case number (if known) _____
	First Name	Middle Name	Last Name	

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			_____
Number Street			

City State ZIP Code			
Person's relationship to you _____			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
(These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust _____		_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX- _____	<input type="checkbox"/> Checking	_____	_____
Number Street		<input type="checkbox"/> Savings		
_____		<input type="checkbox"/> Money market		
_____		<input type="checkbox"/> Brokerage		
City State ZIP Code		<input type="checkbox"/> Other _____		

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Debtor 1

Erika**Lorenza****Garcia**

First Name

Middle Name

Last Name

Case number (if known) _____

Who else had access to it?		Describe the contents	Do you still have it?
<hr/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
Name of Financial Institution			
<hr/>			
Number	Street		
<hr/>			
<hr/>			
City		State	ZIP Code
<hr/>			
City		State	ZIP Code

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?☒ No☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
<hr/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
Name of Storage Facility			
<hr/>			
Number	Street		
<hr/>			
<hr/>			
City		State	ZIP Code
<hr/>			
City		State	ZIP Code

Part 9: Identify Property You Hold or Control for Someone Else**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**☒ No☐ Yes. Fill in the details.

Where is the property?		Describe the property	Value
<hr/>			<hr/>
Owner's Name			
<hr/>			
Number	Street		
<hr/>			
<hr/>			
City		State	ZIP Code
<hr/>			
City		State	ZIP Code

Debtor 1 **Erika** **Lorenza** **Garcia**
 First Name Middle Name Last Name

Case number (if known) _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____		<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	_____ _____
Number Street _____ Number Street _____			
_____ City State ZIP Code _____			
City State ZIP Code _____			

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____		<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	_____ _____
Number Street _____ Number Street _____			
_____ City State ZIP Code _____			
City State ZIP Code _____			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1	Erika	Lorenza	Garcia	Case number (if known) _____
	First Name	Middle Name	Last Name	

	Court or agency	Nature of the case	Status of the case
Case title _____	_____		<input type="checkbox"/> Pending
_____	Court Name _____		<input type="checkbox"/> On appeal
_____	Number _____ Street _____		<input type="checkbox"/> Concluded
Case number _____	City _____ State _____ ZIP Code _____		

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: _____ - _____
	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

	Date issued
Name _____	MM / DD / YYYY _____
Number _____ Street _____	
City _____ State _____ ZIP Code _____	

Debtor 1	Erika	Lorenza	Garcia	Case number (if known) _____
	First Name	Middle Name	Last Name	

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X Erika Garcia
Signature of Erika Lorenza Garcia, Debtor 1

Date 04/02/2025

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Erika</u>	<u>Lorenza</u>	<u>Garcia</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>Capital One Auto Finance</u>	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: <u>2018 Toyota Rav4</u>	<input type="checkbox"/> Retain the property and redeem it.	<input checked="" type="checkbox"/> Yes
<u>Retail as of 1/23/2025</u>	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input checked="" type="checkbox"/> Retain the property and [explain]: <u>make payments</u>	

Debtor 1

Erika**Lorenza****Garcia**

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes**Part 3:** Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X *Erika Garcia*

Signature of Debtor 1

Date **04/02/2025**

MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Western District of Washington

In re Garcia, Erika Lorenza

Case No. _____

Debtor

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<u>\$2,150.00</u>
Prior to the filing of this statement I have received	<u>\$2,150.00</u>
Balance Due	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.	
<u>04/02/2025</u>	<u>/s/ Mark Charles McClure</u>
<i>Date</i>	Mark Charles McClure
	<i>Signature of Attorney</i>
	Bar Number: 24393
	Law Office of Mark McClure, PS
	1103 W Meeker St 101
	Kent, WA 98032
	Phone: (253) 631-6484
	<u>Law Office of Mark McClure, PS</u>
	<i>Name of law firm</i>

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF WASHINGTON
SEATTLE DIVISION

IN RE: **Garcia, Erika Lorenza**

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **04/02/2025**

Signature *Erika Garcia*

Erika Lorenza Garcia, Debtor

Affirm, Inc.

Attn: Bankruptcy
650 California St, Fl 12
San Francisco, CA 94108

Amazon.com Services Inc.

410 Terry Ave N
Seattle, WA 98109

American Profit Recovery

Attn: Bankruptcy 34505 W 12 Mile Road
333
Farmington Hills, MI 48331

American Profit Recovery

Attn: Bankruptcy
34505 W 12 Mile Road Suite 333
Farmington, MI 48331

ATI Physical Therapy

33204 Collection Center Dr.
Chicago, IL 60693-0001

Ballard Orthodontics

Attn: Bankruptcy
1400 NW Market St. Ste # 102
Seattle, WA 98107

Bank of America

Attn: Bankruptcy
Po Box 15220
Wilmington, DE 19886-5220

Best Egg

PO Box 42912
Philadelphia, PA 19101

Boeing Ecu

Po Box 97050
Seattle, WA 98124

Caine & Weiner

Attn: Bankruptcy 5805 Sepulveda Blvd
4th Floor
Sherman Oaks, CA 91411

Caine & Weiner

Attn: Bankruptcy
PO Box 55848
Sherman Oaks, CA 91413

Capital One

Attn: Bankruptcy
Po Box 30285
Salt Lake Cty, UT 84130-0285

Capital One Auto Finance

Attn: Bankruptcy
7933 Preston Rd
Plano, TX 75024-2302

CenturyLink

Attn: Bankruptcy
PO Box 91155
Seattle, WA 98111

Cit Bank Na/ Ioancare

3637 Sentara Way
Virginia Beach, VA 23452

Citibank/ The Home Depot

Citicorp Cr Srvs/Centralized Bankruptcy
PO Box 790040
St Louis, MO 63179

**Consumer Portfolio Services,
Inc.**

Attn: Bankruptcy
PO Box 57071
Irvine, CA 92619

Jaime Cortes

28815 45th Pl S
Auburn, WA 98001

Current

Attn: Bankruptcy Attn: Bankruptcy
217 Centre St # 180 ,
New York, NY 10013

Draper Woldseth PLLC

4208 198th St SW, Suite 201
Lynwood, WA 98036

**Evergreen Professional
Recoveries, Inc.**

12100 NE 195th St. Ste 125
Auburn, WA 98001

Finwise Bank

756 E Winchester St Ste 100
Salt Lake Cty, UT 84107-7520

InDebted

Attn: Bankruptcy
PO Box 1201
Farmington, MO 63640

Kikoff

Attn: Bankruptcy 75 Broadway Suite 226
San Francisco, CA 94111

Labcorp

Attn: Bankruptcy
PO Box 2240
Burlington, NC 27216

Lendmark

1320 Central Park Bv
Fredericksburg, VA 22404

Lendmark Financial Services

Attn: Bankruptcy
1735 North Brown Rd, Ste 300
Lawrenceville, OH 30043

**Linebarger Goggan Blair &
Sampson LLP**

5801 Sound Drive NW Ste 50B
Gig Harbor, WA 98335

MultiCare

Attn: Bankruptcy
PO Box 5299 MS 1313-5-CUS
Tacoma, WA 98415

Ortho Synetics

Attn: Bankruptcy
3850 N. Causeway Blvd Ste 800
Metairie, LA 70002

Possible Finance

2231 First Avenue Ste B
Seattle, WA 98121

Progressive Insurance

6300 Wilson Mills Rd
Cleveland, OH 44143

Radia Inc. P.S.

Attn: Bankruptcy
19020 33rd Ave West Ste 210
Lynnwood, WA 98036

Rosa Soto Lara

28815 45th Pl S
Auburn, WA 98001-2810

**Sacajawea Veterinary
Hospital**

1616 SW Dash Point Rd
Federal Way, WA 98023

Seattle Eye Care

1600 E Jefferson St Ste 202
Seattle, WA 98122-5644

ServiSolutions

Attn: Bankruptcy Dept
P.O. Box 242967
Montgomery, AL 36124

Springleaf Financial S

Time Square Plz Ste F
Everett, WA 98203

Swedish Hospital Billing

Attn: Bankruptcy
747 Broadway
Seattle, WA 98122

Synchrony Bank/ Care Credit

Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896-5060

Synchrony Bank/ JCPenney

FL 32896
Attn: Bankruptcy
Orlando,
Po Box 965060

Toyota Financial Services

Attn: Bankruptcy
PO Box 259001
Plano, TX 75025

Transworld System Inc.

500 Virginia Drive Suite 514
Fort Washington, PA 19034

TRS Recovery Services, Inc.

Attn: Bankruptcy
1600 Terrell Mill Rd
Marietta, GA 30067

Upstart

PO Box 1503
San Carlos, CA 94070

Upstart Finance

Attn: Bankruptcy
PO Box 1503
San Carlos, CA 94070

Wells Fargo Dealer Services

Attn: Bankruptcy
1100 Corporate Center Drive
Raleigh, NC 27607

WSFS Bank

Attn: Bankruptcy
500 Delaware Ave
Wilmington, DE 19801

**Document History**

SignNow E-Signature Audit Log

All dates expressed in MM/DD/YYYY (US)

Document name: Petition as of 422025
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Signers: loren.eg22@gmail.com, mark@mcclurelawgroup.com
CC:

Client	Event	By	Server Time	Client Time	IP Address
JubileePRO	Uploaded the Document	noreply@legal-pro.com	04/02/2025 16:32:52 pm UTC		104.215.79.77
JubileePRO	Document Saved	noreply@legal-pro.com	04/02/2025 16:32:53 pm UTC		104.215.79.77
JubileePRO	Document Saved	noreply@legal-pro.com	04/02/2025 16:32:54 pm UTC		104.215.79.77
JubileePRO	Invite Sent to: loren.eg22@gmail.com	noreply@legal-pro.com	04/02/2025 16:33:12 pm UTC		104.215.79.77
JubileePRO	Viewed the Document	loren.eg22@gmail.com	04/03/2025 03:54:09 am UTC	04/03/2025 03:54:09 am UTC	71.197.204.188
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